U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20218 A OLD

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

MR 29'M

This report is mandatory under P.V. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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_	JUN 21 2005	
Ε	MS DROP	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

. File Number U - 01956	2. Fiscal Year Covered From:		
	1 / 1 / 2000 Through: 12 / 31 / 2000		
. Name and address of person filing.	Name, file number, and address of labor organization.		
Name Edgar Romney	Name UNITE		
	Labor Organization File Number 000-381		
P.O. Box, Bldg., Room No., if any 7th Floor	P.O. Box, Building and Room Number, if any 10th Floor		
treet 275 Seventh Avenue	Street 275 Seventh Avenue		
New York	City New York		
tate New York ZIP Code + 4 10001	State New York ZIP Code + 4 10001		
Position in labor organization. Executive Vice Presider	1 †		
(except as specified in the exc Held an interest in, engaged in transactions (including loans) with, or enetary value from an employer whose employees your organizat			
(except as specified in the excited an interest in, engaged in transactions (including loans) with, or one tary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of tion represents or is actively seeking to represent.		
(except as specified in the exci Held an interest in, engaged in transactions (including loans) with, or onetary value from an employer whose employees your organizat Name and address of Employer (including trade name, if any). same rade Name, if any:	derived income or other economic benefit of tion represents or is actively seeking to represent.		
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(except as specified in the excited an interest in, engaged in transactions (including loans) with, or one tary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). Isame rade Name, if any: O. Box, Bldg., Room No., if any	lusions set forth in the instructions): r derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
	lusions set forth in the instructions): r derived income or other economic benefit of tion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
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(except as specified in the excited an interest in, engaged in transactions (including loans) with, or one tary value from an employer whose employees your organizate. Name and address of Employer (including trade name, if any). It is a second or any s	lusions set forth in the instructions): If derived income or other economic benefit of biton represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount.		

Name of Person Filing Edgar Romney		File Number U- 01956			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name Amalgamated Bank Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 15 Union Square City New York State New York ZIP Code + 4 10003	9. Business deals with: X a. Labor Organizati b. Trust c. Employer	ion			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Amalgaated Bank Trade Name, if any: P.O. Box, Bldg., Room No., if any	Cost # of Shares Price Per Share \$4,975 25 \$199				
street 15 Union Square	11.b. Approximate dollar value of such dealing. \$6,389				
City New York					
State New York ZIP Code + 4 10003	\$561.00 in divide \$20,850.00 in fee				
	12.b. Amount,	\$21,411			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value. 14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				